

# Best Available Copy

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3							53	/					
4							54		/				
5							55		/				
6							56		/				
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13	/						63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23	/						73						
24							74						
25							75						
26							76						
27	/						77						
28							78						
29							79						
30	/						80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42	/						92						
43							93						
44							94						
45							95						
46							96						
47							97						
48	/						98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	\$					
TOTAL DEP.							TOTAL DEP.	48					
TOTAL CLAIMS							TOTAL CLAIMS	56					